

OK to inspect per Tom 4/15/85
2/25/85
RCRA
RIN
FED
PAS-1
Ad-9
IL-0368-07
R5-8410-01B
mud

LAND-14104501 EPA AIR 141-045AA WATER-FILE		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD 005176441	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) CENTRAL QUALITY IND INC			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 900 SO DIVISION ST.		
03 CITY POLO			04 STATE IL	05 ZIP CODE 61064	06 COUNTY OGLE
09 COORDINATES LATITUDE 41 58 40.0 LONGITUDE 089 34 36.0			07 COUNTY CODE 141 08 CONG DIST 16		
10 DIRECTIONS TO SITE (Starting from nearest public road) SEE ATTACHMENTS ON THE BACK					
III. RESPONSIBLE PARTIES					
01 OWNER (if known) 03 CITY			02 STREET (Business, mailing, residence) 04 STATE 05 ZIP CODE 06 TELEPHONE NUMBER ()		
07 OPERATOR (if known and different from owner) 09 CITY			08 STREET (Business, mailing, residence) 10 STATE 11 ZIP CODE 12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 11 / 18 80 MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 12 / 22 81 MONTH DAY YEAR <input type="checkbox"/> NO 11-24-84			BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____		
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN			03 YEARS OF OPERATION 1950 BEGINNING YEAR - ENDING YEAR <input type="checkbox"/> UNKNOWN		
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED SOLVENTS (TOXIC / FLAMMABLE) HEAVY-METALS (TOXIC / RESISTANT)					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION GROUND WATER (POPM/ENVIR)					
V. PRIORITY ASSESSMENT OK for inspection 2/13/85					
01 PRIORITY FOR INSPECTION (Check one if high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (inspection required) <input checked="" type="checkbox"/> C. LOW (inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT ROBERT HEWES		02 OF (Agency/Organization) PLANT MGR.		03 TELEPHONE NUMBER 815 9542311	
04 PERSON RESPONSIBLE FOR ASSESSMENT LARRY WINNER		05 AGENCY EPA	06 ORGANIZATION HSPS	07 TELEPHONE NUMBER 217-7859848	08 DATE 01 18 84 MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

EPA Region 5 Records Ctr.



300798

LAND-14104501 EPA AIR-141-045AAA WATER-FILE	POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 2 - WASTE INFORMATION	I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD005176441
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II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS		
01 PHYSICAL STATES (Check all that apply) <input checked="" type="checkbox"/> A SOLID <input type="checkbox"/> B POWDER FINES <input checked="" type="checkbox"/> C SLURRY <input type="checkbox"/> D OTHER (Specify) _____ <input type="checkbox"/> E SLURRY <input checked="" type="checkbox"/> F LIQUID <input type="checkbox"/> G GAS	02 WASTE QUANTITY AT SITE <small>(Measures of waste quantities must be independent)</small> TONS _____ CUBIC YARDS _____ NO OF DRUMS 45.1-YR	03 WASTE CHARACTERISTICS (Check all that apply) <input checked="" type="checkbox"/> TOXIC <input checked="" type="checkbox"/> CORROSIVE <input type="checkbox"/> C RADIOACTIVE <input type="checkbox"/> D PERSISTENT <input type="checkbox"/> E SOLUBLE <input checked="" type="checkbox"/> F INFECTIOUS <input checked="" type="checkbox"/> G FLAMMABLE <input type="checkbox"/> H IGNITABLE <input type="checkbox"/> I HIGHLY VOLATILE <input type="checkbox"/> J EXPLOSIVE <input type="checkbox"/> K REACTIVE <input type="checkbox"/> L INCOMPATIBLE <input type="checkbox"/> M NOT APPLICABLE

III. WASTE TYPE				
CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE	22.1	DR-YR	DOOR-DOOR, DOOR, PAINT STRIP RESIDUE
OLW	OILY WASTE			
SOL	SOLVENTS	23	DR-YR	F003-XYLOL
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)					
01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/ DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION

V. FEEDSTOCKS (See Appendix for CAS Numbers)					
CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)
IEPA - LAND, AIR, AND WATER FILES

LAND-14104501 EPA AIR-141-045AAA WATER-FILE		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS		I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD005176441	
II. HAZARDOUS CONDITIONS AND INCIDENTS					
01 <input checked="" type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED 2,936		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
THE MIGRATION OF HEAVY METALS AND SOLVENTS FROM THIS SITE					
01 <input type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED _____		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: _____		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED _____		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED _____		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input checked="" type="checkbox"/> F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: _____ (Acres)		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
THE DUMPING OF HAZARDOUS WASTE ON THE GROUND					
01 <input checked="" type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED 2,936		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
THE CITY HAS 2 WELLS FOR PUBLIC WATER, AND THERE ARE 119 RESIDENTIAL WELLS IN A 3 MILE RADIUS OF THIS SITE					
01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: _____		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: _____		02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	

LAND-14104501 EPA AIR-141-045AAA WATER FILE		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS		I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD005176441	
II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)					
01 <input type="checkbox"/> J. DAMAGE TO FLORA 04 NARRATIVE DESCRIPTION		02 <input type="checkbox"/> OBSERVED (DATE: _____)		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> K. DAMAGE TO FAUNA 04 NARRATIVE DESCRIPTION (include name(s) of species)		02 <input type="checkbox"/> OBSERVED (DATE: _____)		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> L. CONTAMINATION OF FOOD CHAIN 04 NARRATIVE DESCRIPTION		02 <input type="checkbox"/> OBSERVED (DATE: _____)		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> M. UNSTABLE CONTAINMENT OF WASTES (Soils, runoff, standing liquids, leaking drums) 03 POPULATION POTENTIALLY AFFECTED _____		02 <input type="checkbox"/> OBSERVED (DATE: _____)		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION	
01 <input type="checkbox"/> N. DAMAGE TO OFFSITE PROPERTY 04 NARRATIVE DESCRIPTION		02 <input type="checkbox"/> OBSERVED (DATE: _____)		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 04 NARRATIVE DESCRIPTION		02 <input type="checkbox"/> OBSERVED (DATE: _____)		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
01 <input type="checkbox"/> P. ILLEGAL/UNAUTHORIZED DUMPING 04 NARRATIVE DESCRIPTION		02 <input type="checkbox"/> OBSERVED (DATE: _____)		<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED	
05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS					
III. TOTAL POPULATION POTENTIALLY AFFECTED: 2,936					
IV. COMMENTS					
V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)					
IEPA, LAND, AIR AND WATER FILES					

EXECUTIVE SUMMARY

Central Quality Ind. Inc., 900 South Division Street, Polo, IL 61064, Ogle County, Lat. 41°-58'-40", Long. 089°-34'-36", Sterling-39B. Person to contact: Mr. Robert Hewes, Vice President of Mfg., (815) 946-2311.

This facility is a metal stamping and fabrication plant, which includes shearing, punch press, press brakes, spot welding, painting and assembly. The products include lawn spreaders, tool boxes, saw tables, file cabinets, and yard carts.

The hazardous waste generated at this facility is F003, spent xylol, which is stored in 55-gallon drums and is picked up by Environmental Waste Recovery, P.O. Box 160, Coal City, IL 60416. D008 water base paint waste, and D002, D007, D008, paint hook alkaline strip residue, is shipped to Peoria Disposal Co., 113 North Swords, Peoria, IL 61604. There have been 3 outside fires in the past, and the fire department was called in on only one of them.

In the past hazardous waste generated at this site was disposed of either by dumping it on the ground, into an unnamed ditch in the back, or was taken to Polo/Muni Landfill.

Soil and groundwater sampling and analysis was done by the firm Yates and Auberle, 2215 York Road, Suite 114, Oak Brook, IL 60521, (312) 323-2162 in 1983. There is a copy of the report attached. Also attached is inspection reports from the files of Land, Water, Air and Public Water Supply.

The City of Polo has a population of 2,603 and there are two 1,200 feet wells that supply their water. There are approximately 110 residential wells in a 3 mile radius of this site.

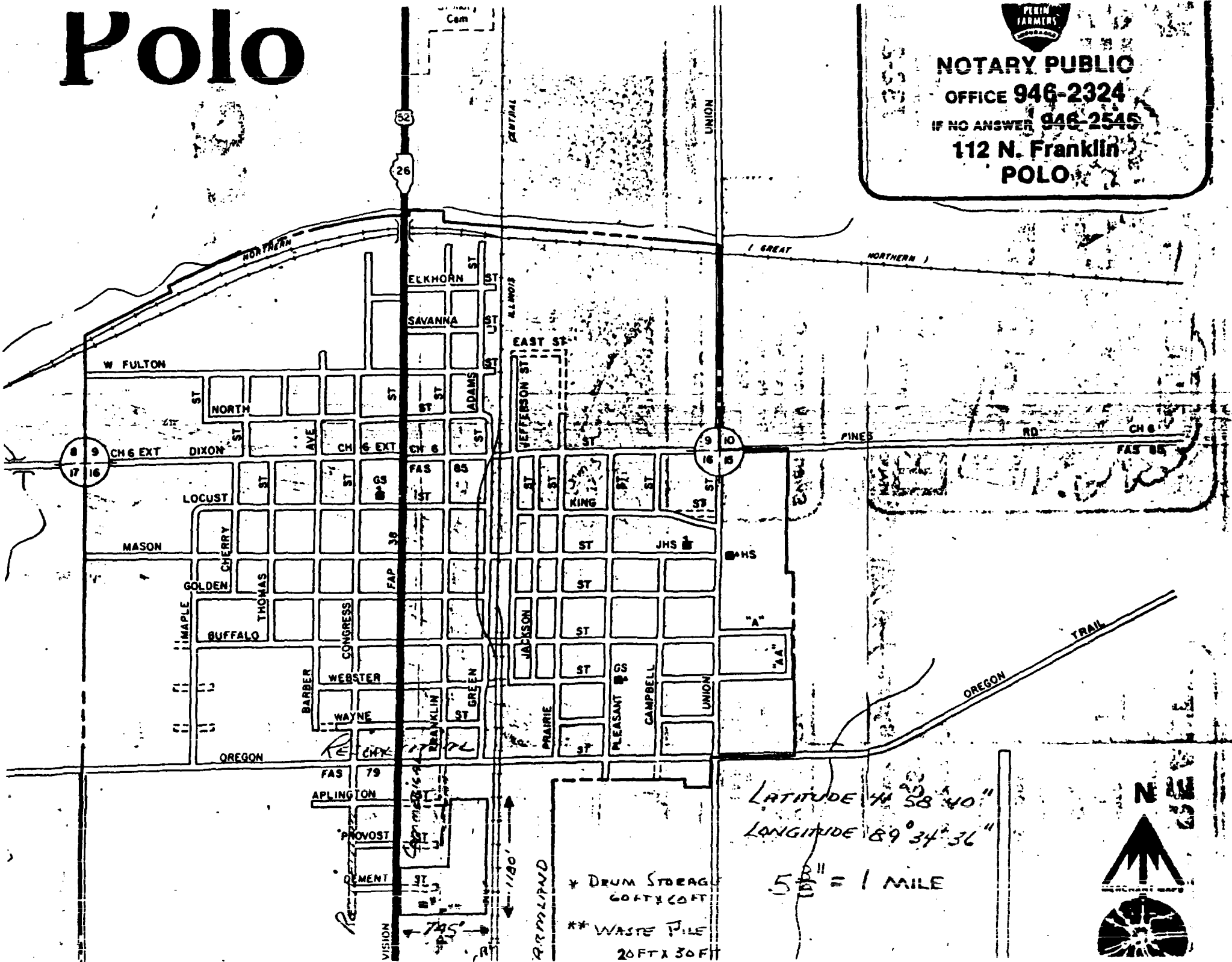
This Agency recommends a low priority inspection for this facility and that the F.I.T. contractor take soil samples in and around the grounds, and take water samples from the monitoring wells and the unnamed ditch, and do a priority pollutant scan to check for the migration of heavy metals and solvents from this facility.

LW:mkb:S/141

Polo



NOTARY PUBLIC
OFFICE 946-2324
IF NO ANSWER 946-2545
112 N. Franklin
POLO



LATITUDE 44° 58' 40"
LONGITUDE 89° 34' 36"

5" = 1 MILE

* DRUM STORAGE
 60FT X 60FT
 ** WASTE PILE
 20FT X 30FT

